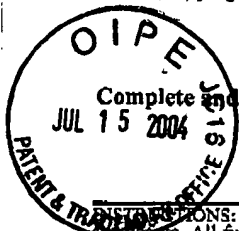


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20872 7590 05/21/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Loretta Garcia (Depositor's name)  
*Loretta Garcia* (Signature)  
July 15, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,319	12/21/2001	Edward Y. Chang	509932000100	4669

TITLE OF INVENTION: MAXIMIZING EXPECTED GENERALIZATION FOR LEARNING COMPLEX QUERY CONCEPTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEROUX, ETIENNE PIERRE	2171	707-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

Vima Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Goleta, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) *Stephen C. Durant* (Date)

Stephen C. Durant, 31,506 July 15, 2004

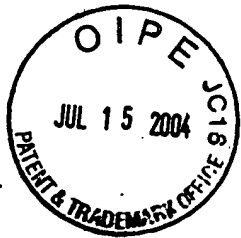
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07/15/2004 10032319  
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**MORRISON & FOERSTER LLP**

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**FROM:** Stephen C. Durant, Reg. No. 31,506**DATE:** July 15, 2004

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**Comments:**

Attorney Docket No.: 509952000100

Group Art Unit: 2171

Examiner: E. P. Leroux

Application No.: 10/032,319

Filed: 12/21/01

Title: MAXIMIZING EXPECTED GENERALIZATION FOR LEARNING COMPLEX QUERY CONCEPTS

Inventor: Edward Y. Chang

**Enclosed are the following documents:**

1. Transmittal, 1 page.
2. PTOL-85, in duplicate, 2 pages

**Comments:** Please acknowledge receipt.



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/032,319
		Filing Date	December 21, 2001
		First Named Inventor	Edward Y. CHANG
		Art Unit	2171
		Examiner Name	E. P. Leroux
Total Number of Pages in This Submission	3	Attorney Docket Number	509952000100

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85, in duplicate, 2 pages
Remarks Facsimile Cover Sheet is an uncounted page in this submission.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Stephen C. Durant - 31.506
Signature	
Date	July 15, 2004

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sf-1742610